Submit Report to: Eastgate Public Health Center, EH
14350 SE Eastgate Way, Bellevue WA 98007

MONTHLY WASTEWATER PUMPING REPORT				Public Health Seattle & King Count	
Company Name		Month and Year			
Date Pumped	Customer Address/City/Zip Code	No. of Gallons	Sewage/Effluent Discharging upon Surface of Ground or to Surface Waters?	Any Sewage or Septage Spill by Pumper? If Yes, Give Location, Approx. No. of Gallons, and Description of Cleanup Activities.	
◆ Certi	ficated Pumper Must Sign:				
I certify,	to the best of my knowledge, that	the above	information is true, acc	curate and complete.	
				Signature	